

Coping Among Adult Female Victims of Domestic Violence

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This paper examines the current literature regarding coping among battered women. It considers a number of contextual factors that are related to women's choices in coping with partner abuse, including factors related to the relationship (e.g., frequency and severity of abuse, length of relationship) and women's resources (e.g., social support, financial resources). Relationships between different forms of coping and psychological outcomes are also examined. As the research in domestic violence coping is somewhat lacking in coherence, theories, and models from the broader coping literature are used to organize the findings from the domestic violence field. Methodological concerns, such as research methods, measurement issues, and sampling, are raised throughout the paper. Suggestions for future research are made.

KEY WORDS: battered women; coping; environmental factors; psychological difficulties.

The negative physical and psychological sequelae of intimate partner abuse have been documented by many researchers in the social sciences (e.g., Follingstad *et al.*, 1991; Gelles & Harrop, 1989; Goodman *et al.*, 1993a,b). Abuse inflicted by an intimate partner is the source of a great deal of psychological distress for many women. Yet, some manage to survive and emerge from abusive relationships with fewer negative outcomes than others. This points to the need for investigations addressing coping strategies utilized by battered women that preserve their psychological functioning and their physical well-being during and after battering relationships.

Despite the tremendous amount of research on coping over the past two decades, studies of coping strategies in samples of battered women are few. Very little integrative work has been done with this population; much of the coping research that does exist in populations of abused women has been qualitative or descriptive in nature. Researchers in this area also tend to overlook contextual issues when evaluating the adaptive/maladaptive nature

of victims' coping strategies. Abused women's strategies for survival have sometimes been compared to the coping strategies used by community samples in response to ordinary life stressors with the eventual conclusion that battered women are lacking in problem-solving. This paper will argue that a battering relationship creates a special set of circumstances under which a woman decides how to react and that those circumstances cannot be ignored in understanding her ways of coping with the violence.

The current review will attempt to address the complexities of the relationships between context, stress, and coping among battered women. The contextual predictors of coping strategies will be examined, including such factors as abuse severity and frequency, available resources, and skills deficits. Given the paucity of theory in the partner abuse literature, the current review will apply theories and models from the more general coping literature to organize the existing research on coping in battered women. Following the review of contextual factors, the psychological outcomes associated with different coping strategies will be addressed. The paper will conclude with implications for treatment and for future research.

CONCEPTUAL OVERVIEW OF COPING

Coping strategies include a broad diversity of thoughts and behaviors used to manage the demands of

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a taxing situation (Lazarus & Folkman, 1984). Multiple research groups have attempted to organize coping strategies (and styles) into different categories. There has been a great deal of variability in the number of coping dimensions described; however, two primary descriptive factors emerge repeatedly across studies. The first is the distinction between *approach* and *avoidance* coping (Moos, 1995), also described as active and avoidant coping (Holahan & Moos, 1987; Mitchell & Hodson, 1983, 1986) and engagement/disengagement (Tobin *et al.*, 1989). The approach/avoidance construct, as the label implies, indicates whether the individual makes attempts to change the situation or distance him- or herself from the stressor as a way to reduce negative outcomes. Examples of approach coping are "Talked with a friend about the problem" and "Made a plan of action and followed it" (Holahan & Moos, 1987, p. 949). In contrast, "Refused to believe that it happened" and "Kept my feelings to myself" (Holahan & Moos, 1987, p. 949) are examples of avoidance coping.

A second factor that has appeared in several studies is a distinction between *cognitive* versus *behavioral* strategies (De Ridder, 1997; Holahan & Moos, 1987). Behavioral coping may include observable actions taken to reduce the impact of stress, for example, "Got away from things for a while" (Holahan & Moos, 1987, p. 949). Cognitive coping strategies include attempts at changing one's way of thinking about a situation (e.g., "Tried to see the positive side of the situation") (Holahan & Moos, 1987, p. 949).

The approach/avoidance and cognitive/behavioral dimensions have been used to organize microlevel coping strategies in studies that used rational derivation of categories (Holahan & Moos, 1987; Moos, 1995), as well as factor analytic methods (Tobin *et al.*, 1989). Tobin *et al.* (1989) provide an elegant demonstration of the hierarchical factor structure of coping measured by the Coping Strategies Inventory (CSI). Eight primary factors yielded problem-focused and emotion-focused secondary factors and approach and avoidance tertiary factors. Moos (1995) has described the approach/avoidance construct as the "focus" of coping and the behavioral/cognitive distinction as the "method" of coping.

There are two primary methodological perspectives that commonly appear in the literature on coping. The inter-individual approach describes responses to stress in terms of coping "styles" that a person is expected to use across different types of stressors (Cohen, 1987). Typically, measures of coping styles simply ask the respondent how he or she usually reacts to a variety of stressors. A second approach to measuring coping, the intra-individual approach, suggests that people change their coping strate-

gies according to the stressor (Cohen, 1987; Holahan & Moos, 1987; Swindle & Moos, 1992). In this approach, situation-specific measures assess the coping strategies used by individuals in response to a particular situation.

Empirical evidence in the coping literature has supported the intra-individual approach, in that although individuals may have preferred ways of coping with stressors, their actual responses to stressors tend to vary with the characteristics of the stressful situation (De Ridder, 1997; Holahan *et al.*, 1996). Therefore, a thorough understanding of coping strategies requires taking situational variability into account. In the context of a battering relationship, a woman may have a preference for a particular coping strategy, but find it necessary to adjust that strategy to fit particular situations. For example, she may prefer to use approach strategies in the work domain to solve problems, while choosing to use avoidance strategies in coping with her severely violent husband.

METHODOLOGICAL ISSUES IN RESEARCH ON COPING IN RESPONSE TO BATTERING

A potential weakness in the coping literature on domestic violence is the issue of sampling. As is typical in clinically-oriented research, participants may be drawn from help-seeking populations. In the case of domestic violence survivors, samples are often drawn from shelters or from agencies that serve battered women. Help-seeking participants may not reflect the population of domestic violence survivors as a whole. For example, these women could differ on level of violence experienced or resource accessibility.

The current body of literature on domestic violence is also limited by reliance on cross-sectional designs. Although there is some evidence to suggest a feedback mechanism in coping (e.g., Mitchell & Hodson, 1983; Moos, 1995) coping research is typically conducted with assessments made at single time points or with retrospective designs (Wheaton *et al.*, 1997) that may span relatively long amounts of time. To gain a more thorough, accurate understanding of the process and causal relationships in stress and coping, more longitudinal data need to be collected at multiple time points.

The traumatic stress literature has provided some guidelines for assessment of stressors. Wheaton *et al.* (1997) suggested controlling for prior cumulative stress and trauma exposure. They contended that particular types of stressors, such as abuse, may create a unique context that must be accounted for when considering the effects of other stressors. Wheaton *et al.* (1997) described a "matrix of disadvantage" (Wheaton *et al.*, 1997, p. 70) in abusive environments that contrasts with the experience

of other stressors. Abuse may occur as part of a set of related problems and may stem from that set of problems (Wheaton *et al.*, 1997). In this case, other life circumstances and stressors may take on importance in understanding coping responses to the stressor in question. For example, a stressor, such as domestic abuse, may occur in the context of social isolation and a partner's alcohol abuse. Further, there is a body of empirical evidence that has examined prior trauma history among battered women and found that childhood sexual and physical abuse, adult sexual abuse history, and other abusive intimate relationships are associated with later victimization (e.g., Hilberman & Munson, 1977–78; Koss *et al.*, 1994). This finding underscores the need to control for prior history in research on coping among battered women. Each new trauma may be more stressful due to accumulated stress. Alternatively, each new stressor may be less stressful due to improved coping or desensitization.

There is a great deal of variability in the use of coping measures across different studies, making it more difficult to meaningfully compare results (Follingstad *et al.*, 1988). As mentioned earlier, due to the variability in coping constructs, this discussion will focus on the two more commonly occurring constructs across studies: approach vs. avoidance coping and cognitive vs. behavioral coping (Cohen, 1987; De Ridder, 1997). At this point, Tobin *et al.* (1989) appear to have created the only empirically validated measure which incorporates both of these coping constructs.

COPING IN DOMESTIC VIOLENCE

The literature examining coping in women who have suffered physical abuse by a spouse or dating partner is relatively limited. As a result, the previous review draws most of its theoretical structure and organization from the general coping research. This larger body of research is based on coping in response to life stressors and everyday disturbances that are found rather commonly in the general population. The problem of domestic violence is by no means uncommon. However, as argued earlier, it presents a special set of circumstances within which coping takes place (Gondolf & Fisher, 1988).

Predictors of Coping Strategies

Given the importance of context in the selection of coping strategies (Mattlin *et al.*, 1990; Moos & Swindle, 1990), it is important to consider what factors might be associated with how women choose to deal with abuse and its deleterious effects (Dutton, 1993). Lazarus and

Folkman (1984) described constraints that could affect the choice and usefulness of coping strategies. They organized these limitations within three categories: environmental constraints, personal constraints, and extreme threat. In the case of battered women, multiple examples of coping constraints could be cited. For example, lack of social contacts might be considered an environmental constraint. A personal constraint could be high dependency needs. Intensity (severity and frequency) of emotional or physical abuse can be considered indicators of extreme threat. Given the multiple limitations on coping that an abusive environment creates, coping behaviors among battered women cannot be meaningfully understood outside the context of chronic physical and emotional abuse (Dutton, 1993; Gondolf & Fisher, 1988).

Frequency of Physical Abuse

When examining domestic violence as a research problem, two of the most salient aspects of battering relationships are frequency and severity of violence. There is some evidence to support the relationship between frequency of violence and women's choice of coping strategies. Herbert *et al.* (1991) examined the cognitive coping strategies used by women who stayed with and those who left their abusive partners. They included cognitive strategies, such as amount of focus on positive aspects of the relationship, negative changes in the relationship, extent of downward social comparisons, and personal attributions for abuse (Herbert *et al.*, 1991). These cognitive variables discriminated between the women in this sample who had left their abusive relationships and those who had not.

The results demonstrated that women who remained in their abusive relationships (34.4% of the original sample of 130 women) did not exhibit a relationship between frequency of physical abuse and types of cognitive strategies used. However, there was a significant negative correlation between frequency of verbal abuse and use of downward social comparisons. The authors reported that this pattern of results was similar among the entire sample. However, they focused on the women who had stayed with their abusive partners and gave specific correlation coefficients for this group only.

Frequency of abuse has also been examined in conjunction with active coping. Gondolf and Fisher (1988) compared shelter residents and nonresidents, and found that women who had decided to use the shelter had experienced more frequent abuse than women who did not use the shelter. This would suggest that some active forms of coping are more likely when frequency of abuse increases. Mitchell and Hodson (1983) examined the relationship

between frequency of abuse and several different forms of active behavioral coping, active cognitive coping, and avoidance coping. In their sample of 60 women, they found that women's use of avoidance coping increased with the frequency of physical violence they experienced. No significant correlations were found between frequency of battering and amount of active cognitive or behavioral coping. These results seem to contradict the results of Gondolf and Fisher (1988). However, it is possible that active strategies to escape the abuse (e.g., shelter use, leaving, prosecution) may be associated with different contexts and predictors than active strategies used while still in the relationship (e.g., arguing with the abuser, calling police, talking to a friend).

It is interesting to note that these studies (Gondolf & Fisher, 1988; Herbert *et al.*, 1991) found that the active forms of coping significantly related to frequency of abuse were those that removed a woman from the dangerous relationship (e.g., leaving the relationship, staying in a shelter). When other active forms of coping were examined (i.e., talked with a friend, tried to find out more about the situation) there was not a significant relationship to frequency of violence (Mitchell & Hodson, 1983). Perhaps frequency of abuse has its largest effect on coping strategies when it clarifies the need to leave the abusive situation. However, this interpretation of the pattern of results should be viewed with caution, as none of them have tested this hypothesis directly.

Severity of Physical Abuse

Severity of physical abuse is another index of the intensity of abuse that can predict coping strategies. Mitchell and Hodson (1983) found that higher levels of violence were associated with more avoidance coping. Women experiencing more severe abuse were also less likely to receive social support from friends when they attempted to talk about the abuse. These results point to the potential interrelationships among different types of coping. Perhaps women who received negative reactions to their active coping strategies (e.g., seeking social support) become more likely to engage in avoidant responding.

Mitchell and Hodson (1986) have also used an ecological perspective to examine a model of interrelated factors in battered women's coping efforts. Consistent with their previous research, they found relationships between severity of abuse and social support variables, and suggested that more severe abuse was related to more enforced social isolation for women. Severity of violence was negatively associated with both number of social support network members and number of social contacts

made independent of the abusive partner. Similar to their previous results, severity of abuse was again related to an increased likelihood that a woman's friends would react to her with avoidance when she sought support. These results demonstrate the direct and indirect ways in which more severe violence creates more difficult circumstances for a woman to take advantage of social support as a coping resource. Severely abused women may be either deliberately isolated from social contacts, or their existing friends become less willing or feel less able to help them.

Mitchell and Hodson (1986) also described the relationship of severity of violence to three types of coping behaviors: active-cognitive, active-behavioral, and avoidance. Both childhood exposure to violence and attitudes toward women's social roles were examined as moderators of the relationship between severity of violence and types of coping strategies employed. Results suggested that women without a history of violence in their family of origin were more likely to use more active coping strategies as violence increased in severity; there was not a significant relationship between severity and avoidant coping in this subsample. Women with a history of violence in their families used more avoidant coping and less active coping efforts in response to increasingly severe physical violence. Mitchell and Hodson (1986) found a similar pattern when attitudes toward women's roles was examined as a moderator. They found that battered women with less traditional attitudes toward women's roles in society used more active-behavioral coping strategies in response to more severe violence. Women with more traditional attitudes used less active-behavioral coping when the violence was more severe. Therefore, childhood exposure to violence in the home and degree of traditional attitudes toward women both moderated the relationship between severity of violence and the types of coping strategies women chose.

The authors concluded that childhood exposure to a violent environment and more traditional attitudes toward women's roles contribute to less effective ways of coping with increasing levels of violence. This study presents a strong design for studying the role of severity of violence in determining coping strategies because it examined important moderating factors. If the authors had not examined the interactive effects of violence severity and other predictors, they might have concluded that severity of violence did not play a role in what coping strategies women chose to deal with the violence. The investigation of personal and contextual factors together (Moos & Swindle, 1990) probably provides the most informative data regarding domestic violence coping.

Also investigating the factor of abuse severity, Herbert *et al.*'s research (Herbert *et al.*, 1991) focused on

what cognitive strategies women used when they stayed in abusive relationships and what factors were related to their decisions to leave. The authors found that neither moderate nor severe physical abuse was significantly related to cognitive coping strategies. However, in that study, severity of violence was predictive of the active behavioral strategy of leaving the relationship. The results of their investigation are in contrast to the results of a longitudinal study of battering couples in which severity of husband-to-wife physical abuse at Time 1 was not predictive of whether couples stayed together or were separated 2 years later (Jacobson *et al.*, 1996). Unfortunately, there was only an initial assessment of violence severity; therefore, patterns of increasing or decreasing levels of violence and their association with relationship status at the 2-year follow-up could not be examined.

It appears that changes in abuse severity are related to shifts in women's approaches to coping with the violence. Miller and Porter (1983) cited evidence that battered wives place increasing blame on their husbands for the abuse and are less likely to blame themselves as the severity of the violence increases. In a small qualitative study of shelter residents ($n = 15$), Ferraro and Johnson (1983) found that a sudden shift in the severity of abuse was related to women moving from cognitive strategies of coping to more active behavioral strategies, such as leaving the relationship, in reaction to the violence. For these women, the shift to using active behavioral strategies seemed to occur when women suddenly realized the potential lethality of the abuse (Ferraro & Johnson, 1983).

These results have been supported by a study using a much larger sample ($n = 100$) and quantitative analyses (Rusbult & Martz, 1995). This larger study also suggests that when abuse severity increased, women were less likely to return to their abusive partners. Follingstad *et al.* (1991) also found that relative stability in the severity of abuse predicted coping behaviors. Women who experienced stable levels of abuse were more likely to seek psychological services specifically related to the abuse than were women for whom the violence had an increasing or decreasing trend. However, women who had experienced less severe abuse over time accessed psychological services more for other problems than did their counterparts who suffered abuse of increasing or fluctuating severity. These results present a very mixed picture of how severity of abuse may affect active help seeking, but changes in abuse level do seem to precipitate changes in coping strategies.

Both severity of violence and changes in severity of violence appear to be associated differentially with various forms of coping behavior. Perhaps an increase

in severity is associated with more active forms of behavioral coping, but only those that seem most likely to end the abuse, such as leaving or utilizing the criminal justice system. Other "active" coping efforts, such as talking to friends or seeking counseling services, may be viewed as less likely to be helpful in increasingly dangerous abusive situations. Increasing violence may have the effect of discouraging women from coping approaches that help them to stay and deal with violence rather than removing themselves or their abusive partners from the situation.

Length of Relationship

Severity and frequency of violence are understandably two of the most common relationship factors examined in the literature on battered women. The length of the abusive relationship is an important longitudinal factor that has been considered less often in the study of women's coping efforts. The length of an abusive relationship can change a woman's coping responses over time. Some researchers have examined relationship length as an index of investment (Rusbult & Martz, 1995). This conceptualization predicts that the more time spent in a relationship, the more a woman may feel dedicated to making it work, particularly if the abuse did not appear until later in the relationship.

In their view of relationship length as an index of investment level, Rusbult and Martz (1995) were interested in predicting commitment level and whether women would stay with or leave their abusive partners. The results of this longitudinal study indicated that a longer relationship was predictive of a higher commitment level (i.e., less intention to separate, more intention to return to the partner). There was a nonsignificant trend for longer relationship duration to be associated with a quicker return to the abusive partner.

Available Resources

As mentioned earlier, a crucially important outcome of many abusive intimate relationships is to diminish a woman's contact with resources that might have helped her cope with the violence. For example, a battering partner may prevent a woman from working outside the home, potentially restricting social contacts and personal financial resources. Social support, financial resources, and other tangible sources of help may all contribute to a battered woman's choice of coping strategies (Moos, 1995).

One of the more obvious forms of tangible resources is money. The amount of money a woman has available to her is relevant to the options that she has in dealing with an abusive relationship. In a study mentioned earlier (Rusbult & Martz, 1995), having an independent income, a higher income, and more available money was associated with women either not returning to their partners within 1 year of the first assessment or taking longer to return to them. Strube and Barbour (1983) also found that women's economic dependence on their batterers, as measured by employment status and employment history, was related to their decision to leave the relationship or not. Jacobson *et al.* (1996), however, did not find significant differences in wife income between couples who remained together versus those who separated or divorced at a 2-year follow-up assessment. However, those authors may not have had sufficient statistical power to detect any differences in their data. Gondolf and Fisher (1988), in a comparison of shelter vs. nonshelter residents, found that women who were not staying in a battered women's shelter had higher incomes on average. Perhaps women who had greater access to funds were able to choose other living arrangements when they left their partners.

Mitchell and Hodson's ecological model (Mitchell and Hodson, 1983, 1986) of coping conceptualized personal resources (including individual income) as one determinant of support from institutional help sources (e.g., police) and intimate others. They measured personal resources with a composite score of income, education, and occupational status that is conceptually equivalent to an indicator of socioeconomic status. Personal resources, social support, and institutional responsiveness were all expected to determine directly which coping responses an abused woman would employ. As predicted, a woman's greater personal resources were related to having a larger number of social support contacts and having more frequent outside social contacts unaccompanied by her abusive partner. These data suggest that women who have higher occupational status and/or greater income are more likely to have social contacts outside the home. Having more social contacts increases the amount of potential available support resources for dealing with the abuse. A strength of this study is that it examined the *quality* of the social support received by abused women when they chose to utilize their sources of potential support. Again, women with greater personal resources were at an advantage. They received more empathic responses and fewer avoidance responses from friends when they sought support from them. As will be discussed in the next section, the responsiveness of friends is related to whether women engage in active or avoidant

coping in response to violence (Mitchell & Hodson, 1983).

Social Support

Social support is a variable that has been considered as both a means of coping and a resource contributing to the availability of other forms of coping (Aspinwall & Taylor, 1997). The different ways of conceptualizing the role of social support in coping, and the relative lack of studies that examine reciprocal relationships between coping factors, has created some confusion about what roles social support may play in helping women deal with domestic violence. In the coping literature on general stressors and negative life events, social support is often described as a means for individuals to gain access to emotional support, but also as a way to gain increased information and accurate appraisals of stressors (Aspinwall & Taylor, 1997).

Mitchell and Hodson (1983) considered the quality and quantity of perceived social support and its relationship to women's coping responses. They asked women to report the typical responses they received from friends when they attempted to talk about the abuse itself. They found that the fewer avoidant responses women received from friends, the more likely they were to engage in active-behavioral and active-cognitive coping. There was no significant relationship between friends' avoidant responses and avoidance coping in the respondents themselves. It seems likely that women who engaged in more avoidant coping did not choose to talk to friends about the abuse. However, using more avoidance coping strategies was negatively associated with number of supporters and with number of contacts with friends and family members independent of the abusive partners. Interestingly, the amount of empathic responses from friends was not significantly related to the forms of coping examined.

Because the data were correlational, it is unclear whether women's coping styles affected their social networks and their friends' responses or the reverse. It is possible that when a battered woman's friends see her using active coping responses they are more likely to respond supportively; friends who see a woman rely on avoidance coping may distance themselves, leaving her with fewer supporters. If, in contrast, social support increases active coping, then women whose friends will discuss the abuse with them may be encouraged to cope more actively with the violence. A third possibility is that friends' responses and women's coping strategies are both affected by a third variable, such as severity of abuse or the level of control exerted by the partner.

Dutton *et al.* (1994) examined the circumstances of women who attempted to murder their abusive partners. They hypothesized that these women felt more isolated than other abused women. In their study of forensic and clinical samples of battered women, they found that women charged with murder or attempted murder of their abusive partners did report a lower level of perceived social support than that reported by the clinical sample. Women in the clinical sample felt more sense of belonging to a social network and more perceived availability of others who were emotionally supportive. However, the two groups did not significantly differ in the degree of tangible social support they reported (e.g., assistance with transportation or money). The authors interpreted the results as indications of the greater social isolation and corresponding lack of perceived alternatives in women who eventually turned to extreme violence as a way to cope with the abuse that they were suffering.

In a more qualitative study, Mills (1985) examined the role of social support in women's changing views of the abuse. In a small shelter sample, she found that some women reportedly began to re-evaluate the abuse in light of messages from others that the abuse was wrong. Women who had resorted to minimization or rationalization of the violence began to change their ways of thinking as they heard the opinions of supportive others. This is a form of social support often termed "appraisal support" (e.g., Aspinwall & Taylor, 1997). In this sample, this form of support allowed them to move on to engage in the active choice to leave the abusive relationship. Ferraro and Johnson (1983) reported similar results in their qualitative study of women in a battered women's shelter. Sullivan *et al.* (1992) reported that over 75% of the women in their study said that they needed more social support, the highest rated need after material goods. These women clearly believed social support to be a valuable resource in their efforts at coping with the violence they suffered.

As mentioned earlier, a causal relationship between social support and coping has not been empirically established. Despite the lack of causal data, the availability and quality of social support are typically interpreted as influences on the coping strategies that a woman chooses in reaction to domestic violence. More available perceived social supports and more empathic responses (vs. avoidance) from those supports may facilitate more active coping and greater perceived options for battered women. Social support may be especially important for increasing the feasibility of a battered woman's ability to leave her abuser. The support that others can provide, such as reappraisal of the violence and tangible support, could contribute to whether a woman feels trapped in the violent relationship (Dutton *et al.*, 1994). These are all feasible

explanations of the data. However, despite the tendency of many researchers to interpret the data in this manner, it is also possible that women's ways of coping with violence affect their potential support relationships. For example, many supporters may turn away if they feel that a woman is not trying to remove herself from an abusive relationship, or a woman who is using avoidant coping may have distanced herself from others. In light of these possible alternative explanations, causal conclusions must be established by future research.

Prior Effectiveness of Coping Strategies

Women's use of particular coping strategies is reflective of context and personal factors as well as the outcomes that they expect from their strategies. Therefore, one determinant of a woman's choice of coping strategies will be the results that she achieved after using that strategy in the past (Bowker, 1983). The research in the area of prior coping effectiveness has stemmed in part from the literature on the responsiveness of formal and informal help sources. The responses of support sources (e.g., police, family members) to a woman's request for help have sometimes been problematic. For example, women have cited cases in which their own families and friends have refused to aid them in a violent situation (Ferraro & Johnson, 1983), or in which the police have refused to arrest an abusing husband (Dutton, 1993).

Some researchers present a learning model to explain how the outcomes of prior coping strategies affect future coping efforts. In her classic book on the topic, Walker (1979) suggested that women who make many ultimately unsuccessful attempts to end the violence in their relationships eventually develop learned helplessness and stop their attempts to engage in the strategies they may have tried before. Dutton (1993) also presented a type of learning model, citing unsuccessful strategies for coping (e.g., calling the police) as experiences in which women learn that a particular strategy is not a helpful one, and, therefore, decrease their use of it.

In their ecological model of coping responses, Mitchell and Hodson (1986) considered institutional response and responses of social supports as important correlates of battered women's coping strategies. Based on their prior experiences, participants rated the helpfulness of police, lawyers, and therapists. Participants who reported greater helpfulness from institutional sources used more active cognitive and active behavioral coping. Women who received more avoidance responses from friends used less active cognitive and behavioral coping responses. This evidence could be interpreted to mean that women's coping responses affected the ways in which

others around them responded to the abuse and to the women themselves, or that women changed their approaches to coping following less helpful responses from outside sources.

Some authors (Bowker, 1983; Pagelow, 1984) have examined institutional responsiveness in the context of describing women's help-seeking efforts. Pagelow (1984) cited several studies in which researchers found that it was relatively common for women to call the police and receive very little or no assistance from them. Bowker (1983) asked women to rate the level of success of different helping sources in assisting them to deal with violent partners. He found that women rated the police as very or fairly successful in 34% of incidents, and fairly or very unsuccessful in 33% of incidents. Social service agencies were also rated for helpfulness in this study. They were rated as at least fairly successful in 59% of cases, and fairly or very unsuccessful in 19% of cases. Among lawyers and district attorneys, women rated their successfulness as at least fairly successful in 59% of cases, and fairly or very unsuccessful in 20% of cases. The clergy were rated by women as at least fairly successful in 55% of cases, and fairly or very unsuccessful in 24% of cases. Among informal help sources, women rated family highly, with ratings of at least fairly successful in 80% of cases. In-laws were rated as at least fairly successful in being helpful in 52% of cases. Neighbors and friends were rated very highly, reportedly successful in 75% and 84% of instances, respectively. When women sought temporary shelter with friends, family, or women's centers, they reported that 96% of these help-seeking incidents were at least fairly successful.

In the cases of all of these help sources, it is possible that abused women approach only those people whom they expect to be receptive (Bowker, 1983). Their expectancies probably differ across different help sources even before making any personal attempts to use them. For example, abused women may expect more assistance from the police than from clergy. They are then likely to choose help sources in the future based on the degree to which their expectancies were met. There were general trends for women to access formal help sources in increasing numbers as the battering continued (Bowker, 1983). Unfortunately, the data do not provide information on different patterns of outside resource use by individual women. However, data were collected on the frequency with which women accessed different help sources and the data are consistent with helpfulness ratings. The most commonly used informal sources were friends and family members, and the most common formal sources were social services, legal assistance, and police (Bowker, 1983).

ASSOCIATION BETWEEN COPING STRATEGIES AND OUTCOMES

Coping research has extensively examined the relationship between coping strategies and psychological outcomes. In research on the population of battered women, the research has typically been much more descriptive in nature, focusing on the types of strategies used and the psychological effects of abuse, but infrequently examining the relationship between the two. As discussed earlier, women who suffer abuse in intimate relationships are at risk for many negative psychological outcomes (Gleason, 1993). They are also likely to engage in a multitude of coping strategies to survive or end the abuse in their relationships or to leave the relationships (Bowker, 1983). Some limited empirical evidence exists that examines the specific associations between psychological outcomes and particular ways of coping among battered women. Three of the psychological constructs that have been most commonly investigated in relation to domestic violence are depression, PTSD, and self-esteem.

Depression

Depression occurs at high rates among battered women as evidenced by one review of the research literature (Holzworth-Munroe *et al.*, 1997), which revealed that the prevalence rate of depression among battered women is routinely found to be above 50%, and sometimes reported to be as high as 83%. Using a structured diagnostic interview, Gleason (1993) found major depression in 63% of the women in a shelter sample and 81% of battered women living in the community. In the same study, 17% of the shelter women and 34% of community battered women met criteria for dysthymia. The author noted that a participant could be diagnosed with both major depression and dysthymia, but did not report comorbidity rates. Cascardi and O'Leary (1992) found that 52% of the treatment-seeking women they surveyed scored in the severe range of depressive symptomatology on a self-report measure. In a larger sample of women who responded to an advertisement for a study on serious relationship problems, 28% of the battered women were moderately to severely depressed, and 11% were severely depressed on a self-report measure (Campbell *et al.*, 1997).

A limited number of studies have examined the relationships between different coping strategies and depression. Campbell *et al.* (1997) found that "self-care agency" negatively predicted depression. Self-care agency was measured by a questionnaire that yielded a composite score reflecting a woman's ability to take care of her own

mental and physical health. It included items not only relevant to problem-solving and decision-making, but also included items related to self-perceptions and physical energy levels. These latter items could also be considered indicators of depression. Therefore, there appears to be some overlap in the conceptualizations of coping and depression in this study. This overlap in constructs makes interpretation of the correlation between coping (self-care agency) and depression difficult. From a more cognitive perspective, Sato and Heiby (1992) found that "realistic" assessment of responsibility for the abuse and a low frequency of positive self-reinforcement were associated with higher depression scores. Contrary to their predictions, low assertiveness, low social support, and negative self-blame were not significant predictors of depression. They speculated that these results may have been due to the overlap among predictor variables.

One longitudinal study compared battering couples 3 years after an initial interview (Quigley & Leonard, 1996). Results of the investigation demonstrated that women whose husbands were no longer violent at the follow-up had lower mean depression scores. Women whose husbands continued to be violent had higher depression scores. These data suggest that a woman may be able to recover somewhat from the negative psychological effects of abuse if her partner makes genuine changes in his behavior.

The general coping literature suggests that greater depression is associated with more avoidance coping (Billings & Moos, 1981). It is unclear to what extent depression and avoidance coping have a reciprocal relationship. It seems likely that greater depression could result from avoidance coping, and that having more depressive symptoms could lead one to increase use of avoidance coping. Among battered women, the picture is further complicated by the presence of violence or threat of violence, which is associated with withdrawal behavior (Walker, 1991). There is also the possibility of comorbidity with posttraumatic stress disorder, which may have an avoidance component.

Posttraumatic Stress Disorder

Posttraumatic stress disorder, like depression, is a common diagnosis among battered women (Holzworth-Munroe *et al.*, 1997; Saunders, 1994). The trauma of a single incident of violence or chronic abuse from a partner can lead women to have any of the cluster of symptoms of re-experiencing, hyperarousal, and avoidance. The estimates of PTSD prevalence among battered women vary. Gleason (1993) found that 40% of his shelter sample and

31% of his community-dwelling sample met diagnostic criteria for PTSD. Saunders (1994) diagnosed PTSD in about 60% of his sample of women seeking assistance from domestic violence agencies and other agencies. In a study with more heterogeneous sources of participants, the rate of PTSD was 81% among physically abused women, and 63% among women who had been emotionally abused (Kemp *et al.*, 1995). A significant portion of the sample in this study were treatment seekers, accounting in part for the particularly high rate of PTSD in the sample.

As mentioned earlier, the presence of symptoms from the avoidance cluster of PTSD criteria may lead women to engage in coping behaviors that are typically considered maladaptive in the clinical and research literature (Walker, 1991). Disengagement coping has been associated with a greater degree of PTSD symptomatology in battered women (Kemp *et al.*, 1995) and among other trauma groups (Jones & Barlow, 1990). Symptoms from the avoidance symptom cluster in particular are associated with disengagement coping. However, with a correlation of .39 in one study, PTSD avoidance and disengagement coping appear to be distinct constructs (Kemp *et al.*, 1995).

There is some limited research examining the relationship of women's coping to PTSD symptoms. Among battered women seeking assistance from public agencies, conceptually a more active form of coping, Saunders (1994) found more PTSD among those who sought help at agencies with services specific to battered women. However, this relationship disappeared after controlling for degree of violence experienced. Less perceived social support has also been associated with higher PTSD symptoms (Kemp *et al.*, 1995). Unfortunately, this study assessed only the quantity of perceived social support, not the quality of that support.

Self-Esteem

Another area of psychological health affected by battering is self-esteem. Depression and self-esteem are typically associated with one another, but Cascardi and O'Leary (1992) found that self-esteem was much more highly related to abuse than was depressive symptomatology. Each variable shared some unique variance with physical abuse. The authors suggested that self-esteem may be a more stable construct and depressive symptoms may vary relatively frequently over time (Cascardi & O'Leary, 1992).

A study comparing chronically battered women and formerly abused women found that women who were still involved in a battering relationship had lower self-esteem on average than formerly abused women (Frisch

& MacKenzie, 1991). The authors went on to describe the possibility that lowered self-esteem could be associated with learned helplessness, and therefore, less active forms of coping (Frisch & MacKenzie, 1991). This formulation suggests that self-esteem can contribute to a cycle in which women are less able to engage in active coping, then feel worse about themselves, and consequently are even less able to act assertively on their own behalf. Somewhat contrary to this suggestion is evidence from Campbell *et al.* (1994) in which battered women's self-esteem was not related to their relationship status at follow-up over 2 years later. The authors argue that these data do not support the learned helplessness model in battered women.

CONCLUSIONS

At this point, the data regarding coping strategies utilized by battered women permit several conclusions. Women appear to use more avoidance strategies when they are still in abusive relationships and trying to cope with ongoing violence. However, the more severe and frequent the abuse becomes, the more likely battered women are to try to take active steps to leave the relationship. Some factors that might place constraints on these efforts are the amount of commitment to preserving the relationship and the resources available to help the woman cope with the abuse in an active and direct manner. Another important factor is the responsiveness of potential help sources, such as friends, family, police, and the courts. Women who receive a more positive response from help sources are likely to have greater confidence in their abilities to change their situations, and may be more likely to access support services in the future. It is, of course, important to keep in mind that the data may have looked somewhat different if the participants in this research were not so heavily weighted toward those who had already left the battering relationship.

It is also important to remember that most of the data in this area are correlational. Despite this fact, many researchers interpret their data with causal conclusions. However, the direction of the relationships between proposed predictors and coping strategies can only be hypothesized at this point; they remain to be tested with experimental and longitudinal research. A related issue is the difficulty of examining coping as a process. Earlier it was asserted that coping is probably flexible, constantly changing with feedback and the influence of other contextual variables. This point is especially salient in research on domestic violence, where the dynamics of chronic battering relationships contribute to the complexity of the coping process. Until researchers are able to formulate

a way to observe the coping process, we must continue to rely on self-reports about how and why coping has changed over time. This limits the conclusions that we may draw about the process of coping. Other limitations of the current literature include biased sampling from help-seeking agencies, a predominance of cross-sectional research, and a tremendous amount of variability in the measures used across studies. All of these issues interfere with the development of coherent theories and explanatory models in the area of coping in domestic violence research.

Despite the weaknesses in the research, some meaningful information can be drawn from existing findings to help inform treatment planning. The evidence demonstrates that contextual forces are important to women's selection of strategies in coping with intimate violence. Women in battering relationships typically try a variety of coping strategies to deal with the abuse, some of which are more effective than others (Bowker, 1983). As Carlson (1997) has suggested, treatment providers should be willing to view women's unsuccessful or maladaptive attempts at coping as efforts to deal with a threatening and frightening situation. She suggests emphasizing a collaborative relationship with a battered woman in which she can begin to develop her own sense of self-efficacy in coping with the effects of abuse.

Moos (1995) suggested that interventions aimed at decreasing negative effects from life stressors should focus on both the person and his or her life context. Accordingly, research on the contextual factors in coping suggests that providing training to women in areas such as problem-solving skills may not be particularly effective in the absence of other supports to help them decrease the violence or leave those relationships. It is important to help women build the supports that they need to broaden their options when they decide how to handle the abuse. Other more fruitful areas of intervention include helping women to increase their social supports and job skills and their access to social services, such as legal assistance and orders of protection (Sullivan *et al.*, 1992). It is also frequently necessary for service providers to assist women in decreasing the psychological symptoms that result from victimization. As part of that process, Carlson (1997) has suggested that the assessment phase should include questions that help the therapist to understand the amount of threat that the client experienced in the abusive relationship, as well as any cognitive distortions that might interfere with treatment.

There are areas in which the research on coping among battered women could be improved to provide better information for understanding the interrelationships of coping and contextual variables, as well as for

designing interventions. The research on coping among battered women has been largely descriptive in nature. In the future, researchers in this area should draw on existing models of coping or create new ones as a means of understanding and integrating their findings. A productive starting point may be to continue to gather more data using the constructs of approach vs. avoidance coping and behavioral vs. cognitive coping strategies. Tobin *et al.*'s work (Tobin *et al.*, 1989) in this area has helped to integrate the findings of many researchers and theorists in the coping field. Their work could be continued through application of their measure, the Coping Strategies Inventory, in more research projects. The need for more longitudinal work is clear, as the direction of relationships between coping and contextual variables cannot be firmly established at this point. More research should be conducted to test empirically the proposed feedback mechanisms in coping (e.g., Aspinwall & Taylor, 1997; Mitchell & Hodson, 1986; Moos, 1995). By examining women at various stages in abusive relationships, we may begin to understand how coping may change over the course of a relationship.

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